

FILED

Ohio Campaign Finance Report

05 JUN -9 AM 10: 25

Prescribed by Secretary of State 02/01

FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee Citizens for Dorrian Committee						Registration Number, if PAC					
Full Name of Candidate Hugh J. Dorrian											
Street Address 425 Derrer Rd.						Office Sought City Auditor			District		
City Columbus						State O H		Zip Code 43204			
		Pre-Primary		X		Post-Primary				Annual Year	
		July Monthly				August Monthly					
						Pre-General				Post-General	
						September Monthly				Termination	
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				M 1 1		D 0 8 0	
								Y 5			

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

	\$ 28,581.87
	\$ 130.00
	\$ 180.00
	\$ 28,891.87
	\$ 1,134.78
	\$ 27,757.09
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Robert L. McDaniel Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

06/08/05

Date

Contribution
pages 3

Expenditure
pages 1

Other
pages 4

Total
pages 8

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Dorrian Committee													
Full Name of Contributor Marlene Lynn						Registration Number, if PAC							
Street Address 7725 Kelvinway Dr			Employer/Occupation/Labor Organization N/A				Form (Cash, Check, etc.) Check						
City Worthington		State O H		Zip Code 43085		M 0		D 5		Y 0105		Amount 20.00	
Full Name of Contributor Frederick M. Gittes						Registration Number, if PAC							
Street Address 723 Oak St			Employer/Occupation/Labor Organization Attorney				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43205		M 0		D 5		Y 2505		Amount 100.00	
Full Name of Contributor Dan Headapohl						Registration Number, if PAC							
Street Address 1252 Hope Ave.			Employer/Occupation/Labor Organization N/A				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43212		M 0		D 5		Y 2505		Amount 10.00	
Full Name of Contributor						Registration Number, if PAC							
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)						
City		State		Zip Code		M		D		Y		Amount	
Full Name of Contributor						Registration Number, if PAC							
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)						
City		State		Zip Code		M		D		Y		Amount	
Full Name of Contributor						Registration Number, if PAC							
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)						
City		State		Zip Code		M		D		Y		Amount	
Full Name of Contributor						Registration Number, if PAC							
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)						
City		State		Zip Code		M		D		Y		Amount	

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed.
If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)

Page Total \$ 130.00

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Dorrian Committee					
Full Name Tactical Edge LTd			Registration Number, if PAC		
Address 929 Harrison Ave	Type* R E		M 0	D 4	Y 2
City Columbus	State O	Zip Code H 43215	Form(Cash,Check,etc) 0 0 5		Amount 180.00
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ 180.00

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Dorrian Committee												
To Whom Paid CME VISA						M	D	Y	Amount			
						0	4	1	8	0	5	92.82
Address 365 S Front St				Purpose Business Lunches								
City Columbus				State O	H	Zip Code 43215	Check Number 2138					
To Whom Paid Knights of Columbus						M	D	Y	Amount			
						0	4	2	9	0	5	60.00
Address 3281 Darracq Cr				Purpose Advertising								
City Columbus				State O	H	Zip Code 43223	Check Number 2139					
To Whom Paid Teamsters Local 413						M	D	Y	Amount			
						0	4	2	9	0	5	100.00
Address 555 E Rich St				Purpose Advertising								
City Columbus				State O	H	Zip Code 43215	Check Number 2140					
To Whom Paid Weisenbach Specialty Printing						M	D	Y	Amount			
						0	5	1	1	0	5	567.45
Address 437 Holtzman Avenue				Purpose Advertising/ Pencils								
City Columbus				State O	H	Zip Code 43205	Check Number 2141					
To Whom Paid CME VISA						M	D	Y	Amount			
						0	5	1	7	0	5	159.19
Address 365 S Front St				Purpose Business Lunches								
City Columbus				State O	H	Zip Code 43215	Check Number 2142					
To Whom Paid Video Duplication Services						M	D	Y	Amount			
						0	5	2	7	0	5	155.32
Address 3827 Brookham Dr				Purpose Advertising/ Donation								
City Grove City				State O	H	Zip Code 43123	Check Number 2143					
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State		Zip Code	Check Number 0					
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State		Zip Code	Check Number					

* Outstanding

Page Total \$ 1,134.78